

REMARKS

This is intended as a full and complete response to the Final Office Action dated January 19, 2007, having a shortened statutory period for response set to expire on April 19, 2007. Applicants submit this response to place the application in condition for allowance or in better form for appeal. Please reconsider the claims pending in the application for reasons discussed below.

Claims 1-5 and 20-28 are pending in the application. Claims 1-5 and 20-28 remain pending following entry of this response.

Claim Rejections - 35 U.S.C. § 103

Claims 1-4 and 20-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over *Evans* (U.S. Pat. No. 5,924,074) taken with *Palomo et al.* (U.S. Pub. No. 2003/0120527, hereinafter, "*Palomo*").

Applicants respectfully traverse this rejection.

The Examiner bears the initial burden of establishing a *prima facie* case of obviousness. See MPEP § 2142. To establish a *prima facie* case of obviousness three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one ordinary skill in the art, to modify the reference or to combine the reference teachings. Second, there must be a reasonable expectation of success. Third, the prior art reference (or references when combined) must teach or suggest all the claim limitations. See MPEP § 2143. The present rejection fails to establish at least the third criteria.

Regarding claims 1 and 20, the Examiner takes the position that *Evans* teaches "providing an interface element allowing the first user to expand the scope of the annotation to encompass one or more data objects" at column 8, lines 19-60. Specifically, the Examiner maintains that the teaching of *Evans* that "the patients data structure includes pointers to data structures having data within a patient record

captured by the point of care system and incorporated from external sources,” is expanding the scope of annotations. However, the cited paragraph is not directed towards expanding the scope of annotations. In fact, the cited paragraph does not deal with annotations at all. *Evans*’ patient data structure merely links patient names and ID numbers with their medical data. See *Evans*, column 8, lines 29-47. This data (patient names, ID numbers, and medical data) are not annotations. While these data may possibly have annotations associated with them, the patient data structure is not expanding the scope of these possible annotations in any way. Thus, the patient data structure is in fact just a method to link various medical data to a specific patient. The patient data structure does nothing with annotations of data. Therefore, the patient data structure does not expand the scope of an annotation to encompass one or more data objects (whether or not the user has authorization to view the data objects).

Accordingly, Applicants submit that claims 1 and 20, as well as their dependents, are allowable, and allowance of the claims is respectfully requested.

Conclusion

Having addressed all issues set out in the office action, Applicants respectfully submit that the claims are in condition for allowance and respectfully request that the claims be allowed.

If the Examiner believes any issues remain that prevent this application from going to issue, the Examiner is strongly encouraged to contact Gero G. McClellan, attorney, at (336) 643-3065, to discuss strategies for moving prosecution forward toward allowance.

Respectfully submitted, and
S-signed pursuant to 37 CFR 1.4,

/Gero G. McClellan, Reg. No. 44,227/

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